

Credit Card Payment Authorization

You authorize regularly scheduled charges to your Credit Card for a designated amount of time. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card Account Statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Fusion School of Basketball LLC to charge my Credit Card below for \$ _____ beginning on _____ (Date) every month for ___ months.

Goods / Services Rendered: _____

Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card Information

- Visa - MasterCard - AMEX - Discover

Cardholder's Name - _____

Credit Card Number - ____ - ____ - ____ - ____

Expiration Date - ____ / ____

Security Code (CVV) - ____

Individual's Signature _____ Date _____